

Case Number:	CM13-0037078		
Date Assigned:	03/19/2014	Date of Injury:	08/05/1999
Decision Date:	11/17/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Alabama, Maryland and New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 50 year old woman with an injury date of 8/5/1999 in the lumbar area. An office visit dated 10/2/2013 documents 85% relief from spinal cord stimulator trial and awaiting implantation of permanent spinal cord stimulator system. Additionally, decreased right L5 dermatomal sensation was noted, along with a decreased right ankle reflex/Achilles reflexes versus the contralateral side. The treating physician is requesting multiple sessions of multiple levels, bilaterally facet blocks in preparation for medial branch neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2 sessions of medial branch blocks at the right L2, L3, and L4, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet Joint Injections Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Medial Branch Block.

Decision rationale: There are insufficient physical examination and medical records supporting the request for multiple sessions of bilateral facet blocks. The patient already has a spinal cord stimulator and the symptoms are not noted to be bilateral. A more thorough medical record with

detailed physical exam is required before any procedure at this time. In addition, this request is not recommended based on the guidelines and the available medical records. Therefore, this request is not medically necessary.